



GEORGIA STRUCTURAL PEST CONTROL COMMISSION
AGRICULTURE BUILDING
19 MARTIN LUTHER KING, JR DRIVE, ROOM 242
ATLANTA, GEORGIA 30334

CERTIFICATION EXAMINATION APPLICATION

1. This form must be filled out completely. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.
2. The evaluation of this application by the Georgia Structural Pest Control Commission will be based on the information contained in this document and the supporting information provided to the Commission with this application. Any previous applications and/or supporting information submitted will **not** be considered in this evaluation.
3. **This form must be typed or neatly printed.**
4. Applications must be received at least 45 days prior to the date of examination and shall be accompanied by a fee of \$25.00 per category for which application is made. Fee must be paid by **money order** or **certified check**. (Cash will not be accepted)
5. Examinations will be given on the second Tuesday in January, April, July, and October.
6. If application is made on the basis of college or university training, a transcript of credits must accompany this application.
7. Applicants applying to take the Fumigation exam must furnish a list of at least 6 fumigation jobs performed.

GENERAL INFORMATION

Name _____ Date _____

Home Address _____
City State Zip

Telephone _____ Date of Birth _____

Email Address _____

Do you currently hold a certification in Georgia? No _____ Yes _____, category _____

Do you currently hold certification in another state? No _____ Yes _____ If yes, attach a copy of certification or license.

I hereby make application for examination in the following category(ies) on the basis of:

Experience _____

Experience & College Degree _____

This application is for:

_____ Household Pest Control (\$25)

_____ First Time _____ Retest

_____ Wood Destroying Organism (\$25)

_____ Re-application (previous application not approved)

_____ Fumigation (\$25)

_____ Testing in additional categories

EXPERIENCE RECORD

1. **DESCRIBE ACTUAL SERVICE DUTIES IN DETAIL. FAILURE TO PROVIDE DETAILED INFORMATION ON EXACT DUTIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.**
2. Address of employer should be that of the local office where employed. List full address.
3. If work was other than full-time please specify the amount of time employed. Use additional sheets if necessary.
4. Applicant must include verification of employment, in the form of a "Certificate of Experience" (Page 4), completed by employer(s) as part of this application. A minimum of two years of actual service experience is required, and one year shall be within the last five years. Certificate(s) must be completed to verify the two year experience requirement. (Rule 620-3-.01(4)(5) of the Rules of the Structural Pest Control Act)

Employment Period From _____ Month / Year To _____ Month / Year	Employer _____ Address _____ City _____ State _____ Zip _____ Designated Certified Operator _____ Position Held _____ Duties _____ _____ _____ _____
Employment Period From _____ Month / Year To _____ Month / Year	Employer _____ Address _____ City _____ State _____ Zip _____ Designated Certified Operator _____ Position Held _____ Duties _____ _____ _____ _____
Employment Period From _____ Month / Year To _____ Month / Year	Employer _____ Address _____ City _____ State _____ Zip _____ Designated Certified Operator _____ Position Held _____ Duties _____ _____ _____ _____
Employment Period	Employer _____ Address _____

Rule 620-3-.02(h) of the Georgia Structural Pest Control Act states that “All licensees and certified operators shall furnish to the Commission or the Commissioner upon request, any information relating to application for examination, affidavits for renewal and other such information as may be required”.

An employee of your company, either current or former, is making application for examination under the Georgia Structural Pest Control Act. Accordingly, you are required to provide the following information. This completed document should be returned to the applicant for submission to the Commission with the applicant’s application.

Name of Applicant (please type or print) _____

Employment Period: From _____ to _____
month year month year

Categories in which employed (check all that apply)

____ Household Pest Control ____ Wood Destroying Organisms ____ Fumigation

Describe, **in detail**, the exact duties of the applicant for each category listed above, including percentage of time spent in each category (use reverse side if necessary).

Household Pest Control - Percentage of Time Operating in This Category _____

Wood Destroying Organisms - Percentage of Time Operating in This Category _____

Fumigation - Percentage of Time Operating in This Category _____

Name of Certified Operator (please type or print) _____

Signature of Certified Operator _____

Certification Number (attach a copy of license if out of state) Company Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

(Notary Public)

AFFIDAVIT

State of _____

